

JPRS 78089

15 May 1981

Worldwide Report

EPIDEMIOLOGY

No. 230

FBIS

FOREIGN BROADCAST INFORMATION SERVICE

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AMOEBC MENINGITIS ORGANISM FOUND AT THREE SITES

Perth THE WEST AUSTRALIAN in English 25 Mar 81 p 5

[Text] The organism responsible for amoebic meningitis has been found in samples of water taken in Narembeen, Bruce Rock and Wittenoom this month.

On Monday the Minister for Health, Mr Young, said in a press release that the amoeba, *Naeglaria fowleri*, had not been isolated in any water samples taken in WA this summer.

However, he said yesterday that results of tests available late yesterday afternoon had shown that three of the nine isolations this month of temperature-tolerant *naeglaria* organisms proved to be *naeglaria*.

They were the first positive isolations of *Naeglaria fowleri* recorded from WA water samples.

The samples were taken from the Narembeen and Bruce Rock reticulation systems on March 4 and from the swimming pool of the Fortescue Hotel at Wittenoom on March 2.

The pool was closed on March 4 and the Bruce Rock and Narembeen water systems had been treated and retested.

Mr Young stressed that the finding of the organism did not mean there was any danger to health.

"I have said all along that with more and more testing being carried out, it was only a matter of time until the *fowleri* organism was identified," Mr Young said in a press release.

"There is no danger to health. The affected water in the public supply has been thoroughly treated and the Wittenoom pool is still closed.

People should take care during periods of hot weather, he said.

CSO: 5400/7543

HEALTH MINISTER OUTLINES PRIORITIES, PROBLEM AREAS

Rio de Janeiro O GLOBO in Portuguese 12 Apr 81 p 6

[Interview with Minister Waldir Arcoverde: "Low Income Is Biggest Problem in Health"]

[Text] Brasilia (O GLOBO).--A low income level, which is reflected in the form of insufficient food and inadequate housing, is the main problem in a health policy, in the opinion of Minister Waldir Arcoverde who therefore advocates an overall strategy for the improvement of Brazilian conditions. Programs for basic sanitation, food, and nutrition; improvements in housing; reshaping of cultural habits; and the application of preventive medicine, such as vaccination--these are some of the main points in that strategy which, according to the minister, calls for a large volume of financial resources.

[Question] Under the recommendations of the WHO, in terms of providing "health for everybody by 2000," what are the priorities in the program of the Health Ministry?

[Answer] The Figueiredo administration approved the basic thrust of these recommendations which involve emphasis on primary health care, along with concentration on preventive medicine as against therapeutic medicine and the extension of the program to the entire Brazilian population. In tackling this great challenge, the ministries of health and of social welfare decided to promote the combination of their health efforts in a single program which calls for mother-and-child assistance, food, and nutrition, communicable disease control, epidemiological watches, health education, basic sanitation and medical, pharmacological, and dental assistance. In that range of objectives, the most urgent priorities involve primary health care, vaccination, and food programs for disadvantaged population segments.

[Question] In spite of the criticisms from many sectors and in spite of the delay in the final approval by the Social Development Council, will the Basic Health Action Program--Health Prevention--be implemented starting this year?

[Answer] Health Prevention is a fundamental program in the health policy charted by President Figueiredo because it means extending coverage to more than 4 million Brazilians who today are not at all covered, through a network of outpatient

facilities which will provide primary health care. This station network will be the one and only entrance to the public care system; we figure that between 80 and 90 percent of our health problems can be solved without going on to the secondary and tertiary care levels. This strategy will reduce costs by making it possible to extend services to the entire population, regardless of membership in social security through contribution. The Prev-Saude [preventive health program] should be submitted during the first meeting of the Social Development Council, probably in April. The moment it has been approved, its implementation will be started. In 1981, we will allocate about 80 billion cruzeiros, including 9.5 billions from the Social Support Fund. The major portion will go to the Ministry of Welfare, with about 60 billion cruzeiros, with the ministries of education and of health getting smaller slices.

Prev-Saude Will Assist More Than 40 Millions

[Question] What about the food programs?

[Answer] The Second National Food and Nutrition Program alone has funds up to the month of May. The Ministry of Health has already requested extra-budget funds on the order of 5 billion cruzeiros to continue the program until the end of the year. The III PRONAN [National Food and Nutrition Program], which will run from 1982 until 1986, is now being drafted; it is to be based on studies conducted by the INAN (National Food and Nutrition Institute) to survey the conditions of deficiency among the Brazilian population in this sector. The need is tremendous, especially for pregnant women, infants, and children of up to the age of 6 because we must not forget that 70 percent of a child's brain development takes place between the moment of conception and the age of 2; and 90 percent of the child's mental capacity will already have been fully developed by the age of 6. Now, if a child is not properly fed during those crucial first years of life, it will face serious risks of becoming mentally deficient, without a compatible physical development likewise.

[Question] What vaccination activities is the Ministry of Health carrying out this year?

[Answer] The goal is to immunize all Brazilian children up to the age of 5 against polio, measles, tuberculosis, tetanus, whooping cough, and diphtheria. We are going to spend 1,397,000,000 cruzeiros or four times more than last year. The drive against measles has already been carried out in Paraiba, Rio Grande do Norte, and Pernambuco; it is now underway in the State of Mato Grosso do Sul, where we are experimenting with giving a single dose of measles combined with the first doses of the triple vaccine against tetanus, whooping cough, and diphtheria. In April we are going to continue the drive in Sao Paulo, Parana, and Rio Grande do Sul, covering all Brazilian states by the end of the year. Concerning polio, we are going to repeat last year's strategy with mass vaccinations in two stages, in June and July. In the 1980 campaign, when we vaccinated 23 million children during each stage, we managed to reduce polio to insignificant levels throughout the country. The WHO advises mass vaccination for at least 3 years to keep the disease under control or, during epidemic peaks, to break the chain of transmission.

[Question] What is the Ministry of Health doing to fight schistosomiasis, malaria, yellow fever, and Chagas disease?

[Answer] The fight against schistosomiasis is based on a combination of three measures which produce results only when they are combined and that means promoting basic sanitation, providing health education, and treating the sick. SUCAM (Superintendency for Public Health Campaigns) is developing those activities in the Northeast and in other endemic areas with relative success but we must admit that the disease is far from having been wiped out because its communicability is closely tied to cultural habits that are difficult to change.

As for malaria, it broke out again in recent years primarily due to the expansion of the agricultural frontier, especially in Rondonia. In the diamond area, we have a large number of people who came from parts of Brazil where there was no malaria; they became easily vulnerable because they did not take the proper precautions. But SUCAM has already established advanced stations and the rate in 1980--160,000 cases--was not significantly higher than in 1979. In Rondonia, for example, the number of cases already began to decline during the first few months of 1981, compared to last year, showing that the strategy is effective. The development of a new drug in the fight against malaria--mephloquine, which is being tested in the Barros Barreto Hospital in Belem--will be a big help because it will simplify the treatment and reduce the treatment time.

Basic Care and Food Are Priorities

[Answer] Now, looking at yellow fever, we must distinguish two types. The cycle in the forest version of yellow fever is between the monkey and the blood-sucking mosquito; it can hit man when he penetrates into the jungle forest without having been vaccinated. Forest yellow fever is endemic in the Amazon Region and in the west-central region. This is why the Ministry of Health in February conducted a campaign to alert the population in those areas and the people who were going to go there so that they might get their vaccination before going, provided their stay was not limited to certain cities where there is no danger because the blood-sucking mosquito does not have any urban base, staying in compact jungle forest regions. The vaccination is painless, it provides protection for 10 years and must be taken 10 days prior to moving into forest zones. As for the people in the cities, there is no necessity for vaccination.

Yellow fever also comes in another, much more dangerous form; that is urban yellow fever which fortunately we do not have in Brazil. But, 4 years ago, the carrier for this type of yellow fever, "aedes aegypti," a house mosquito, which had already been wiped out in Brazil many years before, was reintroduced into the country, in Rio Grande do Norte, in Salvador, in Rio de Janeiro, and in Santos. The ministry has already taken the proper steps to wipe out the foci but the danger of reinfection persists because that mosquito is found in all American countries, even in the United States.

Chagas disease is another endemic disease which hits vast areas of Brazil, primarily in Minas Gerais, Goias, and Rio Grande do Sul. SUCAM has developed an intensive effort to wipe out the bug, an insect that acts as the host for the disease, but its spread is closely tied to the habit of building houses without plaster, leaving cracks in which the bug can settle.

[Question] What will the new mental health policy be?

[Answer] What we want is to get out of the phase of simple custodial assistance for psychiatric patients and move on to a phase of social responsibility in relation to that person, combining the efforts of the health and social welfare services with the active collaboration of the patient's family and his own community. We need a network of out-patient facilities capable of taking care of the patient in the place where he lives and works. Only in exceptional cases will people be admitted to facilities and even then there will be close contact with the social services that must help prepare the individual's return to society, to the extent that the state of the individual's health so permits.

To extend the coverage of this type of care, the ministries of health and of welfare will work together and psychiatric hospitals already in existence will be subjected to joint management with each ministry taking care of half of the expenditures. In Rio de Janeiro, this joint management system is beginning to be used in the Pinel hospital at the Pedro II Psychiatric Center, and in the Juliano Moreira Development.

Therapy for Mental Disease in Community

[Question] When will the Ministry of Health start to implement the family planning program?

[Answer] Family planning is not an isolated planning effort and it is directly tied to mother-child care provided for under Prev-Saude. The basic idea is to provide extensive information on reproduction and birth control methods for all families taken care of in the mother-and-child service facilities, to put an end to the monopoly of knowledge and resources existing in Brazilian society where only the well-off classes know how to plan the size of their family. There will be no force or coercion of any kind whatsoever and the family will make the final decision as to whether or not to use the means for limiting the number of children. Methods of sterilization, such as tying up the tubes or vasectomy, will be adopted only in case of strict medical indications and with the full approval of the couple. And it will be employed in serious cases when there is a serious risk to the life of the woman if she were to be pregnant again.

Family planning is not aimed at reducing the number of births but seeks to turn fatherhood or motherhood into a conscious and responsible attitude. It is possible that this policy might diminish the population growth rate but that is not the administration's objective.

[Question] The National Secretariat of Health Surveillance is being reorganized. What are the objectives of this modification?

[Answer] The Ministry of Health is concerned with the quantity and quality of pharmaceutical products sold in the country. We are now setting up a national system of pharmacological-toxic alert which in a computer stores data on all pharmaceutical products, pesticides, domestic sanitary articles, dyes, additives, and aromatic agents whose use is either permitted or prohibited. This system provides telephone information 24 hours a day to alert or guide the population or the authorities on all of these products. It is already in operation in Rio Grande do Sul, Bahia, Parana, and Santa Catarina and it is being set up in Pernambuco, Sao Paulo, and Brasilia; it is to be extended to all units of the federation.

The National Secretariat of Health Surveillance is preparing a register of all medications for sale in the country and, during the second phase, those medications will be examined, one by one. For this task we are going to use the public laboratories, of which we already have 1,200 throughout the land, and, as the auditing and supervisory body for this entire effort, we are going to use the LCCDMA (Drug, Medication, and Food Quality Control Laboratory) which will be opened in July in the Oswaldo Cruz Foundation.

The SNVS [National Health Surveillance Secretariat] is also setting up a system for registering new products which will be stricter and which will employ commissions of specialists in pharmacology to analyze the particular medication and to prevent new products from being placed on the market without the necessary quality control.

[Question] What about the sale of human blood?

[Answer] Brazilian legislation does not allow us to do away with private blood banks which pay those who give blood. The public sector however is establishing Pro-Sangue [Blood Program], a system based on voluntary donations, which, combined with the blood centers in each state capital, will be able to supply blood free of charge, either complete or fractionated, to the public medical-hospital care network. If a significant segment of the population can be made aware of the need to donate blood, we will be able to establish strategic stockpiles and to work exclusively with free blood. There is no interest in competing with the blood banks but, if they want to work with the public sector, they are going to have to use exclusively volunteer donors.

5058

CSO: 5400/2168

MASS VACCINATION AGAINST CROUP INITIATED IN PETROPOLIS

Rio de Janeiro JORNAL DO BRASIL in Portuguese 18 Mar 81 p 8

[Text] Jorge Oliveira, secretary of health and social assistance of Petropolis, admitted the occurrence of an outbreak of croup in the district, in view of the greater number of cases of the disease registered last week in comparison to the same period in previous years. There are now 15 reported cases of croup, with the death of one infant.

To counter the spread of the disease, the secretary set up 19 vaccination stations throughout the city, including the suburbs, and up to now about 4,000 infants have been vaccinated in the municipal and state school system. The vaccination stations operate between 0800 and 1700 hours daily. The Petropolis Health Center, on Rua Santos Dumont, is principally vaccinating children up to 8 years old.

All persons affected by croup have been treated in the department of infectious and parasitic diseases of the Municipal Hospital, where they are still hospitalized, with the exception of one little girl, Aline Christie, a year and a half old, who was transferred to the CTI [expansion unknown] of Santa Teresa Hospital. Only one adult has been attacked by the disease--Zélia de Souza Furtado, 29. The greatest incidence of croup is among children between 8 and 11.

Although he admits that the spread of croup may increase, Dr Jorge Oliveira stated that the greater number of cases and the rise in other diseases at the present time "need not be the cause of a run on the vaccination stations," and recommended that vaccination be obtained in the normal way at any time of year as a precaution of the parents. He stated that vaccines are on hand in sufficient quantity to take care of the population.

The neighborhoods of Melo da Serra and Caxambu, in addition to the district of Pedro do Rio, were most affected by the disease, which, according to the first investigations by the department of infectious and parasitic diseases at Petropolis, may have been transmitted in the drinking water, which in certain localities is not being treated in any way.

Jorge Oliveira also said, to reassure the people, that all of the cases registered by the DIP [department of infectious and parasitic diseases] in the last few days "are benign in character and offer no threat to the lives of the patients." As far as he is concerned the disease has been eradicated, since the stations of

Pedro do Rio, Córrego Grande, Estrada da Saudade, Meio da Serra, Caçupé, Fazenda Inglesa, Itamaraty, Morim, Araras, Cascatinha, Itaipava, Boa Esperança, Quitandinha, Carangola, Alto da Serra, São Sebastião, Castrioto, Secretário, and Contendas have administered a total of about 9,000 vaccinations to children and adults.

5588

C80: 5400

RIO TO INTENSIFY IMMUNIZATION AGAINST MEASLES

Rio de Janeiro O GLOBO in Portuguese 14 Apr 81 p 8

[Text] Health Secretary Silvio Barbosa said yesterday that, starting in May, the state health stations will step up vaccination against measles, a disease which is responsible for the highest infant mortality rate. He also announced that the results of immunization at the various stations were not good so that the Ministry of Health will have to launch a vaccination drive against measles along lines similar to the drive against polio.

This information was given after the secretary delivered the opening lecture for the post-graduate course in hospital administration at the Marcilio Dias Naval Medical Center, in Lins de Vasconcelos. Silvio Barbosa recalled that the Health Ministry is studying the possibility of using a vaccine against measles in doses administered together with the triple vaccine. These studies are being conducted in Mato Grosso do Sul and have not yet been completed.

The secretary's lecture topic was "Health Actions in Our State." For Silvio Barbosa, the the most important action is represented by the vaccination drives promoted in all townships. He stressed the drive against polio which will have to be repeated for another 3 years or more, until the disease has been wiped out. In June, the first vaccination phase will be launched against polio, as organized by the Health Ministry last year.

"National Disgrace"

The secretary called human rabies a "great national disgrace." According to him, 50,000 persons in the state of Rio de Janeiro are vaccinated annually against rabies. Each month there are two or three cases, confirmed throughout the state, which has about 1.2 million dogs. There are 600,000 dogs in the township of Rio de Janeiro and 30 percent of them are strays. An animal rabies vaccination drive will be launched this month in Rio.

Another high-rate disease mentioned by the secretary is tuberculosis with 4,197 new cases per year. Right now, based on statistics supplied by the Health Secretariat, there are about 20,000 tuberculosis patients in the state. According to the secretary, the infant mortality rate is 5 percent and measles is the disease that contributes mostly to this increase. Most fatal cases by the way occur due to disease complications--mostly pneumonia--in undernourished children.

STUDY REVEALS 2.5 PERCENT INCIDENCE OF CHAGAS IN RIO

Rio de Janeiro O GLOBO in Portuguese 12 Apr 81 p 8

[Text] Brasilia (O GLOBO).-- Studies by SUCAM (Superintendency of Public Health Campaigns), of the Ministry of Public Health, showed that Rio de Janeiro--so far not included in the endemic area for Chagas disease--revealed a rate of 2.5 percent. But this percentage is subject to change because all of the samples collected in the state have not yet been analyzed.

As of now, SUCAM has completed the analysis in 17 states with surprising results: Although considered not to be an endemic area, Amazonas revealed a 1.9 percent disease rate; in Santa Catarina, the analysis likewise revealed 1.3 percent, with the township of Irineopolis registering the highest rate found so far. In Ceara, where the highest percentage was suspected to exist, the disease rate did not exceed 0.8 percent.

In the light of the analyses concluded so far, Amapa was the only state that had a zero disease rate. The highest percentage registered in these states was 5.3 percent in Rio Grande do Sul and in Sergipe. But higher percentages may come out since we do not have the results from Minas, Sao Paulo, Bahia, and Goias, which are considered to be the country's most heavily infected areas.

Studies

The studies carried out through the Chagas Disease Control Program began in 1975 and are to be completed in July. The purpose is to estimate, for the first time, the rate of this disease throughout the country in order to redefine the action priorities.

The research is being conducted through serological investigations in all states, with the exception of Sao Paulo, where the Health Secretariat carried out a program of its own.

SUCAM explained that a positive serological result does not signify disease and that Chagas disease assumes variable degrees of morbidity, with regional differences. There are infected persons but the disease does not manifest itself.

Resources

Resources for the Chagas Disease Control Program amount to 934 million cruzeiros for the year 1981; this is considered insufficient by technicians at SUCAM since the area of known disease incidence covers 2 million square kilometers or about 23 percent of Brazilian territory.

SUCAM has 3,088 health guards for work in the fight against the "bug," the carrier insect, but that detachment can cover only 1.2 million square kilometers. SUCAM believes that, to carry out the complete program, it would be necessary to hire another 2,000 personnel.

Deaths

Deaths caused by this disease during the 2-year term of 1977-1978, came to 10,233, not including the survey in the states of Acre, Amazonas, and Santa Catarina and the Territory of Roraima. The Ministry of Health does not have the latest data on mortality but believes that it has not gone up much over the past 3 years.

Here are the states that have the highest death rate: Minas Gerais, Sao Paulo, Goias, and Bahia. In these states, with the exception of Sao Paulo, SUCAM has not yet completed its analyses of the serum received.

Partial results as to positive infections are being tabulated as follows: Goias, 10.4 percent, Bahia, 7.4 percent, and Minas, 16.3 percent.

Disease Rate

Research on the Chagas disease rate has already been completed in the following states: Piaui, with 3.4 percent of the infected population; Maranhao 0.2 percent; Espirito Santo 0.3 percent; Mato Grosso do Sul 2.04 percent; Amapa, zero; Amazonas 1.9 percent; Roraima 0.3 percent; Sergipe 5.03 percent; Rio Grande do Norte 1.8 percent; Paraiba 3.1 percent; Ceara 0.8 percent; Parana 3.3 percent; Rio Grande do Sul 5.3 percent; Pernambuco 2.55 percent; Para 0.5 percent; and Santa Catarina 1.3 percent.

5058

CSO: 5400/2108

DIPHTHERIA OUTBREAK IN PETROPOLIS

Emergency Vaccination

Rio de Janeiro O GLOBO in Portuguese 16 Mar 81 p 6

[Text] The Petropolis Health Secretariat vaccinated over 800 persons yesterday against diphtheria, 487 of them in the Caxambu neighborhood, where the incidence of the disease has been highest, with resultant deaths of two children. The other vaccinations were done at the secretariat itself, where an emergency station was set up.

Yesterday there was one more hospitalization, that of 10-year-old Mônica Ramos Rabello, who lives on Rua Viúva Lima, in the Itamaraty neighborhood, near the Bela Vista neighborhood, where three cases were verified earlier in children who are now bed patients in the department of infectious and parasitic diseases of the municipal health secretariat.

According to Jorge Oliveira, the health secretary, all of the cases of the children who are in the hospital are mild and are under control.

Drs Wagner and Sandra Mara de Oliveira have made a survey of the Caxambu and Bela Vista neighborhoods to find out all the persons who have had contact with the sick children and send them in for examinations. Secretary Jorge Oliveira explained that in most cases adults who are infected show no symptoms of the disease, but become carriers of the virus, and these situations are determined by the examinations.

(Diphtheria is an infectious disease characterized by the formation of false membranes, usually in the throat and in the nose.)

Outbreak Under Control

Rio de Janeiro O GLOBO in Portuguese 19 Mar 81 p 14

[Text] José Maria Mello, director of the Petropolis Health Center, announced yesterday afternoon that the diphtheria outbreak is completely under control, with over 3,000 persons immunized. The vaccination campaign began Friday (13 March), and the Municipal Health Secretariat and the State Health Center furnished the necessary material.

According to José Maria de Mello, most of those affected by the disease were children between the ages of 2 and 12 years, but 2 adults and a child of 1 year and 2 months were also hospitalized.

MEASLES INCIDENCE RISES 52 PERCENT IN SAO PAULO IN 1980

São Paulo O ESTADO DE SAO PAULO In Portuguese 2 Apr 81 p 17

[Text] Measles, one of the most serious childhood diseases, increased 52 percent in the State of São Paulo in 1980, and the forecasts for 1981 are not optimistic, chiefly because vaccination has presented problems: in spite of the fact that 87 percent of the child population is covered, the incidence is increasing, indicating that there is some defect in the vaccination or in the vaccine itself.

In 1979, according to figures from the Secretariat of Health, there were 3,637 cases of measles, and the number rose to 5,564 the next year, or 52 percent more. Subsequently, in just the first 2 months of 1981, 448 cases were registered--and this is during the summer, which leads the sanitarians to dread the approach of winter, when the disease always reaches its highest levels.

At the moment the Secretariat of Health is revising the figures for immunization prior to the publication of the 1980 census, and at the same time getting reports on the possible inefficacy of the vaccine. "We need to find out," says the physician José Cássio de Moraes, director of the Health Information Center, an agency of the secretariat, "whether the fault lies with the vaccine, i.e. whether it is not producing antibodies in the infants, or whether the problem is in the system of coverage."

The incidence of measles is the principal concern of the Secretariat of Health in relation to communicable diseases. And not just because of the approach of winter; malnutrition in the area most subject to the disease (vaccines are administered at 7 and 15 months of age), a strip around the periphery of greater São Paulo and many areas of the interior, makes the effects of any disease worse, especially measles.

"The most serious cases of measles always occur in malnourished children, and for that reason this stratum of the population is to be given priority in vaccination." In practice this has constituted another difficulty, since the state's network of health posts is extremely thin, in relation to the needs, especially in greater São Paulo, which has 14 million inhabitants, half the total population of the state.

The fact is that whereas there should be a health post for each group of 15,000 inhabitants, the ratio goes up to one state treatment center for 300,000 inhabitants. "Thus, when people go to the post, which is generally located far from their homes, they generally find it jammed, and this discourages the population from the habit of seeking preventive assistance."

To give an idea of what malnutrition amounts to in the state, the specialists point to the figures of the IBGE [Brazilian Institute of Geography and Statistics]: 79 percent of the workers of São Paulo make between 1 and 5 times the minimum wage; i.e., wages varying between 5,788.80 and 29,944.00 cruzeiros. Considering the minimum living conditions defined by the essential ration (Decree-law 399 of 1938), each family would need 25,138.70 cruzeiros, for food, clothing, housing, hygiene, and transportation. This does not include the item of health care; and, according to the recent DIEESE [Interunion Department of Statistics and Socio-economic Studies] poll, families with incomes of up to 20,157.00 cruzeiros spend 52.8 percent of the money on the purchase of medicines.

Communicable Diseases

On the other hand, according to the Secretariat of Health, there is a declining trend in the other six important communicable diseases as followed by the secretariat since 1960. Those diseases are poliomyelitis, tetanus, typhoid fever, meningococcal meningitis, diphtheria, and the non-meningococcal forms of meningitis. There were 181 cases of poliomyelitis in 1979 and 103 in 1980 in the state; tetanus, 214 and 138 respectively; typhoid fever, 89 and 56; diphtheria, 199 and 11; meningococcal meningitis, 668 and 393; and other types of meningitis, 480 cases against 422. The figures for tetanus, typhoid fever, and diphtheria are partial; they represent respectively the periods January-September, January-August, and January-July of 1980.

SS88

CSO: 5400

THREE MORE SUSPECTED TYPHOID FEVER CASES REPORTED IN DIADEMA

Sao Paulo FOLHA DE SAO PAULO in Portuguese 26 Mar 81 p 20

[Text] Three more suspected cases of typhoid fever have been reported in the favela of Jardim Canhema, in Diadema, besides the five reported in the last 3 weeks. The three sick children were admitted yesterday to Emilio Ribas Hospital, to which Maria Lúcia da Silva, age 9, returned, having had a relapse 4 days after being discharged.

This is the third time in 9 months that the Diadema Health Center has identified cases of typhoid fever in the district. In July of last year the first five cases were registered in the favela of Jardim Canhema, and in February of this year eight cases were discovered in Jardim Santa Teresinha.

Yesterday José Rubem de Alcântara, director of the sanitary district of São Bernardo do Campo, visited the favela, as he has been doing daily, with Graziela Almeida, director of the Diadema Health Center, and attributed the repeated occurrences of the disease to the negligence of the public agencies with regard to health. "When the outbreak of the disease occurred right here in July, the SABESP [expansion unknown] made a number of water connections. Not public connections, just lines that serve 2, 10, or up to 15 families. Only the connections were not accompanied by health education, which is not the responsibility of the Health Secretariat alone. Then, either for lack of money to make the connections or through ignorance, many continued to draw well water that was probably contaminated."

According to the physician, even those who are connected with the mains periodically make use of the wells, since only two or three houses have water reservoirs. "When there is a water shortage, the people use the wells or a tap installed less than a meter from where the open sewer line runs."

Chlorine

Upon interviewing the residents of the favela, the director of the sanitary district also discovered some who do not use the SABESP water because of the taste of chlorine. "The water piped into this area, because of impounding conditions at the source, is excessively chlorinated, and for that reason is not accepted by the population, who often prefer well water."

Although the result of the analyses is not yet available, the sanitarian says that these wells are surely contaminated, as are practically all the others in

the district. "That is how the disease must have been transmitted, although water is not the usual way; it can also be transmitted from person to person or through foods."

Solution

To José Rubem de Alcântara, the only way of resolving the problems of typhoid fever and other diarrheic diseases is to adopt measures that reduce the problems of persons who have to live under precarious conditions. "First, it is necessary for everybody to have access to water from the public mains. Right here there are connections that are cut off for non-payment."

There is also a need--according to the physician--apart from connections and water supply at a tolerable cost, for an educational campaign adapted to the population being benefited. "In São Bernardo, for example, where there are specific programs for the population of the favela, diarrheic diseases have disappeared. In addition to the fact that there is sanitary education, there people pay according to their means or even pay nothing at all."

In the case of the favela of Jardim Canhema, José Rubem demanded that the SABESP open public taps all over the area. "In addition, it is necessary at present that the water never be cut off here, even for 2 hours a day."

Another measure taken by the Sanitary District and Health Center of Diadema is holding periodic meetings with the residents, aimed at orientation into hygienic precautions. "But the population cannot depend on the authorities. It is necessary for the people themselves to organize and for all of them to begin to work together to defend their rights."

5588

CSO: 5400

BRIEFS

DYSENTERY-RELATED DEATHS INCIDENCE--Brasilia--Nearly 50 percent of the deaths of children less than a year old are caused by infectious dysentery, and 13.2 percent of the total deaths in Brazil in all the cities are due to the same disease. In the northeast, according to a survey done by the Pernambuco Institute of Maternal and Infant Care, 72 percent of the total deaths of children are caused by malnutrition, which promotes infectious dysentery among other diseases. According to figures for 1977 and 1978, the only ones available in the Ministry of Health for infant mortality, 93.3 percent of the deaths from this disease occur between birth and 4 years of age. According to the economist Eduardo Kértész, who is responsible for working out the National Food and Nutrition Program (PRONAN), "there is a clear and indisputable relation between the socioeconomic conditions of the population, hunger, and the incidence of such diseases as infectious dysentery." According to that specialist, it is only by decisive government action in the area of food and nutrition, "and not merely PRONAN, that it will be possible to combat the serious hunger problem in the country, which is undoubtedly the greatest public health problem." [Text] [São Paulo O ESTADO DE SÃO PAULO in Portuguese 2 Apr 81 p 17] 5588

VACCINATION FUNDS AUTHORIZED--Brasilia--The Ministry of Health has finally succeeded in making it possible to carry out the national campaign of vaccination against diphtheria, tetanus, and whooping cough, having received authorization yesterday from the Planning Secretariat of the Presidency of the Republic to purchase 30 million doses of the triple vaccine at a cost of 150 million cruzeiros. The campaign planned by the Ministry of Health had been canceled because the National Immunization Plan's budgetary appropriation for this year did not mention the 150 million cruzeiros together with the amount of 1.3 billion cruzeiros --the total cost of the program. So far the Ministry of Health has 30 million doses of triple vaccine, barely enough for the routine coverage of the health posts. To carry out the campaign an equal amount is necessary, the acquisition of which was authorized yesterday. The triple vaccination campaign will be carried out in the same way as the campaign against measles, i.e. throughout the year, the time being fixed for each region. Only the states of São Paulo, Paraná, Santa Catarina, and Rio Grande do Sul do not have predetermined schedules, the campaign being conducted from last month to the end of the year together with vaccination against measles. Mato Grosso has also already begun the triple vaccination campaign, and is to complete it by June. [Text] [São Paulo O ESTADO DE SÃO PAULO in Portuguese 2 Apr 81 p 17] 5588

HEALTH SERVICES INCREASE IN FAVELAS--Belo Horizonte (O GLOBO)--Raimundo Moreira de Oliveira, health secretary of the state of Rio de Janeiro, said yesterday in closing the First National Meeting of Health Secretaries, called to discuss the implementation of Prev-Saúde [the preventive medicine plan], that 120,000 people in Rio will benefit before the end of the year from the opening of medical service units to be established in various towns and favelas (shantytowns) of Rio. According to Raimundo de Oliveira, those benefited will be the residents of the favelas of Rocinha, Vidigal, Vila do Vintém, Vila São Jorge, Jardim Sete de Abril, Ilha de Guaratiba, and Jardim Santa Margarida. It is also planned to establish service next year in Vila Coqueiros, in Pavuna, and in Jardim Maravilha. Health units will also be installed this year in the Avenida Cesário de Melo complex in Santa Cruz, with capacity for providing assistance to a population of 40,000, and in the Fazenda Botafogo, in Barros Filho, Ricardo de Albuquerque, Padre Miguel, and Vila Kennedy, to care for a population of 80,000. Secretary Raimundo de Oliveira said that the city of Rio is involving itself with Prev-Saúde because it considers the activity important for the sector. He regretted the fact, however, that the municipal governments will not be permitted to take part in discussing the entire complexity of Prev-Saúde. According to him, malnutrition is the highest cause of infectious and contagious diseases, and in that connection the Health Secretary of the state of Rio de Janeiro stated as the guiding rule of his work improvement of health services in the interest of the population, giving special emphasis to first-aid clinics and the provision of primary care to the maternal-infantile group of the low-income population. Raimundo de Oliveira also pointed out the necessity of strengthening the control of transmissible diseases that are still prevalent and stimulating community participation in health campaigns. According to him, the neighborhoods of Anchieta and Santa Cruz, together with Campo Grande, show the highest death rate in the state. [Text] [Rio de Janeiro O GLOBO in Portuguese 27 Mar 81 p 9] 5588

MENINGITIS OUTBREAK DENIED--From February 1980 to February 1981 there were 83 cases of meningococcal meningitis in the city of Rio de Janeiro, Rosalina Jorge Koisman, director of the Epidemiological Department at the city hall, said yesterday. According to Raimundo Moreira de Oliveira, the municipal Health Secretary, this figure is "low" and does not indicate an outbreak in the city: "We are on the alert for all types of meningitis, but the meningococcal type is the one that is transmissible, requires serious treatment, and can be fatal. The numbers, however, show that the situation is completely under control." The cases of meningococcal meningitis, according to the director of the Epidemiological Department, are "below the maximum monthly limit." That limit, she explained, varies from month to month, according to statistical calculations for the last 7 years: "We are not having an epidemic. On the contrary, the number of cases has been decreasing in the last few years. We take measures to control meningococcal meningitis and are combatting it with a medicine called 'minomax.'" [Text] [Rio de Janeiro O GLOBO in Portuguese 4 Apr 81 p 8] 5588

HEPATITIS OUTBREAK IN SCHOOL--Lucy Vereza, municipal secretary of education, said yesterday that after several cases of hepatitis were reported classes were suspended at Gurgel do Amaral School, on Ilha do Governador (Governor's Island), to clean the water tank. According to the secretary, the municipal health secretariat has been notified and will announce the reason for the hepatitis outbreak in a few days. The information was given out by Lucy Vereza when, in the company of Mayor Júlio Coutinho, she was opening the Leonel Azevedo School in Jardim Village.

With a capacity of 1,840 pupils from kindergarten through eighth grade, the school now has 1,600 pupils enrolled. The school is not yet fully equipped. According to Lucy Vereza, the furniture to be found there is surplus furniture from the Gurgel do Amaral School. She said that the rest of the furniture has been bought and will be in use next week. [Text] [Rio de Janeiro O GLOBO in Portuguese 27 Mar 81 p 9] 5588

SCARLET FEVER CASES IN FLAMENGO--In a circular distributed yesterday to parents, the office of the principal of Bennett Academy, in Flamengo, announced the suspension of pre-school classes because three cases of scarlet fever had been recorded. The suspension runs until tomorrow but classes will begin again only within 8 days because of vacations. Academic director Paulo Mainnart further explained that this is a preventive measure since the mothers of the three pupils did not submit any

medical documentation confirming the disease. According to him, two cases were reported a week ago and the third one came up yesterday. "As a precautionary measure, our medical staff suggested that we suspend classes tomorrow (today) and Wednesday. This is a preventive measure since we do not have any medical documents telling us that these are scarlet fever cases." In the circular, Bennett Academy recommends that parents take their children to their own private physicians. The symptoms of scarlet fever are eruptions on the skin, fever, pharyngitis, a yellowish tongue, and scratching of the feet and hands, caused by the virus. [Text] [Rio de Janeiro O GLOBO in Portuguese 14 Apr 81 p 6] 5058

CSO: 5400/2108

BRIEFS

SEMINAR ON DISEASES CONTROL--Rangoon, 5 April--An Inter-Sectoral Seminar on Integrated Vector Borne Diseases Control in Connection with Construction of Dams (Sedawgyi), Mandalay, will be held at the Institute of Medicine in Mandalay from 6 to 11 April, 1981 under the joint sponsorship of the Government of the Socialist Republic of the Union of Burma and the World Health Organization (WHO). Representatives of nine Ministries and the Ministry of Health, experts from the WHO Headquarters in Geneva and WHO's South-East Asia Regional Office in New Delhi and consultants who are in Burma to give advice on integrated vector borne diseases control project will participate. [Excerpt] [Rangoon THE WORKING PEOPLE'S DAILY in English 6 Apr 81 pp 1,8]

CSO: 5400

TYPHOID FEVER OUTBREAK REPORTED IN EL LOA PROVINCE

Santiago LA NACION in Spanish 1 Apr 81 p 10A

[Article by Atio Galvez Avalos]

[Text] Calama--A focus of typhoid fever has been detected in El Loa Province, Region II.

The director of the Carlos Cisternas Hospital, Dr Carlos Munoz Franulic, has confirmed that several cases have been admitted in the past few days. This is not normal for the city of Calama. Munoz said that several persons who have been admitted to the hospital are isolated from the other patients.

He said that Dr Lucas Burchard, head of the [Department] of Environmental Hygiene and Food Control, has initiated an extensive investigation to determine the causes of this outbreak of typhoid.

Dr Carlos Munoz emphasized that typhoid fever is serious when the disease is not treated on a timely basis. The problem arises when a person believes that what he has is simple gastroenteritis; however, with the onset of fever, the disease has different symptoms: body convulsions and vomiting.

The problem with typhoid [fever] is that it brings on intestinal hemorrhaging, which is fatal in cases not treated in time.

The director of the Calama hospital said that the causes of this contagious disease are attributable to the consumption of some foods, particularly greens which are not cleaned when they are prepared.

The multiplication factor is even more evident when a food handler has contacted the disease.

Untreated Water

The Health Service has determined that the use of sewage by some farmers in the growing of greens and other vegetables is one of the causes of the typhoid fever epidemic affecting the Calama community.

This information was released by the director of the Carlos Cisternas Hospital, Dr Carlos Munoz Franulic.

He said the Department of Environmental Hygiene has taken charge of investigations in fields located close to sewage settling reservoirs.

Dr Munoz said that in the event the farmers are caught using untreated water for irrigation they will be heavily penalized and their fields will be burned.

"They know they can be penalized by the service, as they cannot go on endangering the health of the inhabitants.

The lack of water in some sections of Calama has caused a number of farmers to cut holes in sewage settling reservoirs through which liquid begins to seep out and accumulate, after which it is used for irrigation.

The bacteria-laden water infects the greens which are later sold to the townspeople who subsequently are affected by outbreaks of typhoid.

Several serious cases have been reported in Calama, which are being treated in the hospitals of that city and in Chuquibambilla.

The first signs of typhoid fever are stomach pains and gastroenteritis; then fever, and after that bloody stools.

8143

CSO: 5400/2101

ECUADOR

BRIEFS

TYPHOID OUTBREAK IN QUITO--More than 300 cases of typhoid have recently shown up in Pichincha Province. In the face of this threat health institutions are taking emergency measures for isolation and hospitalization. The illness appeared locally at the beginning of the year and is due to climatological factors, poor environmental sanitation and the filthiness of fruits, which are at their peak of ripeness. From January until last week the Epidemiology Department of the Provincial Health Administration of Pichincha recorded 100 cases in Quito. In the whole province 230 cases have been recorded. Persons ill with typhoid have been hospitalized or isolated in their own homes for the appropriate treatment. However, there are families which are hiding the sick persons, without warning the health authorities and thereby avoiding greater contamination and contagion. The Ministry of Health says that if we consider that, despite their obligation to do so, clinics and private doctors are not reporting positive cases of typhoid, we can agree that the true number of sick persons could triple, which gives us an idea of what a threat this represents to the health and peace of mind of citizens. [Text] [Quito EL COMERCIO in Spanish 17 Mar 81 p D-1] 9545

CSO: 5400/2096

VACCINATION CAMPAIGN TO REDUCE INFANT MORTALITY LAUNCHED

Guatemala City EL IMPARCIAL in Spanish 21 Feb 81 pp 1, 10

[Excerpts] One of the immediate objectives of the national immunization campaign is to reduce cases of infant mortality due to measles, whooping cough and tetanus to 1.0, 1.0 and 0.5 per 100,000 inhabitants respectively, to reduce morbidity due to poliomyelitis and diphtheria and to create immunity through biologic protection against tuberculosis.

Dr Angel Paz Cojulun, director of Health Services at the Ministry of Public Health and Welfare, talked to EL IMPARCIAL in connection with the 10th National Immunization Campaign of 1981 from 20 April to 15 May and from 19 October to 13 November, and he explained the strategy to be followed to insure that, like previous campaigns, this one will provide the greatest possible benefits for the Guatemalan children.

"The specific objectives of this campaign are to administer a dose of anti-measles vaccine to 80 percent of all 3-month-old children after the second stage of the national immunization campaign of 1980 is over; and to administer 529 doses of antipolio vaccine and DPT to 80 percent of all children between the ages of 3 months and 1 year throughout the country," the physician pointed out.

"Also, we will give booster shots of polio and DPT vaccines to 80 percent of all children between 1 year and 2 years of age throughout the country and we will immunize with one dose of BCG vaccine 80 percent of children under 1 year and 100 percent of students attending first grade in the country," Dr Paz Cojulun said.

He later explained the scope of the campaign, pointing out that 216,539 children between 9 months and 2 years will receive one dose of antimeasles vaccine; those receiving antipolio and DPT vaccines, will be 151,579; those receiving a booster shot of that same vaccine, 166,047; those receiving one dose of BCG vaccine, 181,799.

The Community

The director of Health Services, Dr Paz Cojulun, stressed that the community's participation in the national immunization campaigns that have taken place in

the last 9 years has shown that the contribution of the community to alleviate the problems derived from the limited availability of resources is invaluable.

In view of this, "while planning the activities of the coming immunization campaign, we included as a very important part of the organization the participation of departmental, municipal and local committees similar to those created during the national antimeasles campaign of 1972."

9341

C80: 5400/2079

WATER DEVELOPMENT PROGRAM GAINING MOMENTUM

Georgetown GUYANA CHRONICLE in English 4 Apr 81 p 1

[Text] The \$1.7 million Guyana-Netherlands Government Water Supply Development Programme for Rupununi and Bartica is to gain momentum following the arrival of several pieces of equipment in the country.

Water treatment and pumping equipment have also arrived for other areas, including Linden, Executive Engineer of the Guyana Water Authority Mohammed Yassin has said.

He said that it will take some time before the equipment could be shipped to the sites of the drilling and water-treating operations. This should take another five weeks, he added.

Dealing with the Dutch Government-aided programme, Cde Yassin said that a significant portion of the aid would go towards establishing the water treatment plant at Bartica, on which work has already started. He explained that in that area water would be pumped in from the river and purified at the plant.

The plan for the Rupununi area is different since the wells have to be drilled and the water pumped through pipelines by means of hand pumps or windmills.

The original plan to drill 42 wells in the Rupununi area has since been revised. The programme now includes 36 wells, 30 of which have already been sunk in the savannah region. Eleven have been completed in South Rupununi alone.

There will be six windmills and a number of handpumps in Rupununi. At this time, there are several other handpumps and windmills in the region while there are also electrically operated pumps in the Lethem area.

GUYWA's Drilling Foreman on the site Morley Matthews, said the plan was to start a village-to-village drilling programme to span the entire region. But an inadequacy of spare parts had severely hampered the programme, he said.

While the wait for spares continues, residents in the interior area, in many cases, will go on drinking water from small streams and similar bodies of water. In many cases, the medical officials in the area contend that the water could be contaminated.

CSO: 5400

GOVERNMENT TIGHTENS, EXTENDS DRIVE ON FOOD SANITATION

Georgetown GUYANA CHRONICLE in English 8 Apr 81 p 7

[Article by Chatterpaul Ramcharran: "'Bad Food' Manufacturers Getting Pressure"; passages enclosed in slantlines printed in boldface]

[Text] /No doubt the strong actions taken by the Analyst/Food and Drugs Department against substandard food manufacturers, especially those who operate under insanitary conditions, must have stirred a lot of comments and criticisms from the food manufacturing sector./

This strategy adopted by the Department in the new year to seriously clampdown on food frauds is justifiable and welcome especially by consumers who want value for their money.

/The Department, it appears, intends to strive relentlessly to stamp out the malpractice of manufacturers who are bent to deceive consumers by fraud, gross adulteration and product substitution./

The drive against 'bad food' manufacturers is taking sharp turns along the rough road.

Seizing of essential equipment, substandard food products, raw materials and packaging materials are executed and prosecution may follow.

Closure

/Factories/premises are ordered closed where processing operations are conducted under insanitary conditions. Closure may be until improvement works are carried out satisfactorily./

By way of consumer's complaints to the Department and which are tracked down aggressively by officials, necessary and calculated actions are taken against such manufacturers.

Rapid and vigorous inspections of supermarkets and other outlets are conducted to seize and remove substandard food products.

/We must realise that National Health is basic to National Development. Good quality foods must therefore be produced so as to build a healthy nation./

Protection

Manufacturers should necessarily be greatly interested in protection of consumers--the general public from any harm and from any fraud or deception.

Ground peas should never be adulterated with rice flour which is coloured with ground dye (tumeric). Plaintain flour should never be adulterated with wheat flour or rice flour to be called plaintain flour. Coffee husks should never be incorporated into ground coffee.

/Manufacturers should ensure, in a health protection role, that satisfactory standards of hygiene are practised in all aspects of commerce in his products from the raw materials used in their manufacture through the manufacturing process to the final retail distribution of the finished products. By so doing they would prevent the transmission or cause of disease./

What is important is that manufacturers who fail to comply will not have applications for import licences approved and they will face legal action in the event of a continued breach of the Food and Drugs Regulations.

Quotas for raw materials needed by defaulting manufacturers will be suspended until they put themselves in order.

/The campaign is stretching to those insanitary eating houses. Small vendors also, especially those who sell outside the schools, would have to watch it./

Press on with the drive, we must have 'Health for all by 2000.'

CSO: 5400

BRIEFS

MALNUTRITION AMONG PEASANTS--The malnutrition problem in Honduras is more widespread in the countryside, but more acute in areas just outside the cities inhabited by farmers who have come from the countryside, according to a report from the Ministry of Public Health's Department of Nutrition. This is based on the fact that "though the farmer's diet is poor, he has more variety of products which he cultivates and do not cost him money in cash. In areas just outside the city, however," continues the report, "the farmer from the countryside usually has not received technical training to make him a qualified laborer and he is not always free to choose his own food." The report adds other elements that confirm this, including "crowding, poor hygiene, centers of infection and lack of drinking water," which lead to greater malnutrition. In this sense the Government of Honduras has taken several measures intended to improve this situation, including decrees to iodize salt and fortify sugar, products of general consumption among the population. [Text] [Tegucigalpa EL CRONISTA in Spanish 23 Feb 81 p 2] 9341

CSO: 5400/2079

GOVERNMENT PREPARES DISASTER READINESS SCHEME

Kingston THE DAILY GLEANER in English 6 Apr 81 pp 1, 14

[Text] A special disaster preparedness scheme has been prepared by Government to deal with major crises which may occur.

The scheme is the result of planning by the Ministry of Health over the past three or four months, for a special network of disaster preparedness to be implemented within a short period of time.

This was announced by Health Minister, Dr. Ken Baugh at the awards dinner of the Medical Association of Jamaica (MAJ) at the Jamaica Pegasus Hotel on Saturday night. Four members of the profession, Prof. John Golding, Dr. Sam Street, Prof. George Alleyne and Dr. Vernon Lindo, received awards from the association for their work in the field of medicine.

Dr. Baugh also announced that the handling and distribution of drugs and medical supplies would soon be computerized, and an intensive re-organization was being carried out at the Island Medical Stores. The Medical Stores would become a distribution centre only, and supplies would be stored elsewhere.

He said that the preparation for emergencies was extremely poor and there was a need for those in the medical field in particular, to address themselves to being prepared to face disasters.

The Ministry had been working out a programme for disaster preparedness over the past three months, and though it was recognized that such planning was not something new, he intended that this particular scheme become something more than just a plan. The network, Dr. Baugh said, should be implemented within the next few months.

The Health Minister said that on the basis of the bauxite train-bus collision at Parnassus crossing in Clarendon on Wednesday, it was clear that "we are courting disasters, and that we're not prepared to cope with them."

He paid tribute to the staff of the hospitals and those who assisted, for their work in the emergencies [as published] but said that he witnessed examples of indiscipline among members of the community at the scene of the accident. Dr. Baugh said that disasters were being created in this country by lack of discipline and "we are begging for trouble."

The lack of precautionary measures on the roads, the poor display of signs, poor planning of roundabouts, broken gates, or non-functioning lights at junctions and railway crossings, were testimony to this, he added.

Jamaica, he said, was becoming an international community once again, was fighting for tourism to improve, and was also at present negotiating for the site of the headquarters of the International Sea Bed Authority. This would mean the influx of many foreigners in the country, more serious investments, more housing, more people and more traffic on the roads.

The decision had been taken to set up an emergency scheme because of the need to address the problem, in view of these circumstances, for proper management in the face of major disasters.

Dr. Baugh said there was a need to co-ordinate the police, the medical staff, the Fire Department and the Army; to be able to establish a headquarters at any time, to undertake proper planning, training and drills, as well as to establish proper communications which did not depend entirely on the telephone.

In addition, the network would seek to address the need to give service at the site by medical personnel in the community to sort the patients according to their needs, as well as to grade hospitals throughout the island to cope with emergencies.

This plan would mean purchasing additional ambulances and government had already decided to do this. There was for example, no ambulance at the Donald Sangster International Airport in Montego Bay, he added.

Proper ambulance service, with radio connections to hospitals and to the Ministry of Health; the selection of personnel and their distribution, were important in the establishment of the network. Dr. Baugh said that a method of training had already been decided upon, and this would be provided by experts.

Paramedics, or emergency medical technicians would be trained to give on the spot assistance, to work as hospital attendants to assist the nurses and doctors, and to travel on ambulances to the site in order to give basic resuscitative care.

The Minister said that he would be appointing a special advisory committee to assist the Ministry in the solution of particular problems which included the expansion of post-graduate training to include hospitals such as the Cornwall Regional, Bustamante Hospital for Children and the National Chest Hospital. This would be one of the incentives for young doctors to remain in the system.

He said that for too long, in Jamaica, the success of institutions had been totally dependent on an individual, and the loss of graduates in migration meant not only loss of money but loss of the expertise which could be passed on to successive generations.

He paid tribute to the awardees who had been honoured for outstanding service in medicine both at home and abroad.

CSO: 5400/7542

MALNUTRITION HITS MILLIONS IN HEBEI AREA

Hong Kong THE SOUTH CHINA MORNING POST in English 11 Apr 81 p 5

[Article by Michael Rank]

[Text]

Peking, Apr 10.

About 14 million people in Hebei province south of Peking are receiving relief rations because of the drought which led to China's first appeal for international aid since the 1949 communist takeover.

Dr Zi Weilian, deputy director of the Hebei Public Health Office, said most of them were eating no vegetables, meat or eggs, but he added that no one was dying of starvation.

He said in Hengshui prefecture, about 150 miles from Peking and the most affected area, many of the 7.34 million people were living almost entirely on 14 ounces of maize a day, a diet seriously lacking in vitamins and protein.

Dr Zi, who recently visited the area, said children there were pale and undernourished.

China's request for international aid was also prompted by severe floods in the central province of Hubei.

A United Nations team visited Hengshui in January but journalists have not been allowed to go nearer than the provincial capital, Shijiazhuang, about 90 miles away.

Dr Zi confirmed UN reports that malnutrition was widespread and expressed gratitude for the US\$10 million (about HK\$53 million) in aid pledged by Western countries and Japan.

He said 8.5 million vitamin tablets donated by the United Nations Children's

Fund had been distributed in Hengshui and more were expected.

Rickets, a disease resulting from insufficient vitamin D, was a serious problem, with 21.7 per cent of children aged under three showing symptoms of the sickness, he added.

The authorities were also greatly concerned about the effects of the drought on population control because parents whose only child was sickly were likely to want to have more children despite a national campaign to encourage one-child families.

They were also concerned about the mental development of undernourished children whose diets were lacking vitamins needed to produce nerve cells which the body cannot produce later in life.

"The children aren't suffering from bloated stomachs like starving children in Uganda but nevertheless a huge number of people are affected and that is why we are asking for international aid," Dr Zi said.

Hebei province needed mainly vitamins and nutrients, including 2,000 tons of powdered milk, rather than foreign doctors or help with transport, he added.

Yang Lin of the provincial Agricultural Bureau said that although rainfall last year had been the lowest since 1943, the effects were not as serious as in 1960 when there was widespread starvation.

The 1960 disaster followed freak weather conditions at

the time of the Maoist "great leap forward," an experiment which led to severe food shortages throughout China.

Mr Yang said that as a result of the Hebei drought, provincial grain production last year fell to 15.3 million tons, compared with 17.8 million in 1979.

Rainfall was 60 to 80 per cent lower than normal between August and October last year when winter wheat was sown and an extreme cold spell early last year had reduced the crop growing period by 10 to 15 days.

Rainfall in Hebei averaged only 2.5 inches in July, compared with an average of 6.5 inches.

Zhai Yaping of the Hebei Disaster Relief Office said the drought had caused 1.6 billion yuan (about HK\$4.8 billion) worth of damage.

The UN last month launched a US\$700 million (about HK\$3.71 billion) appeal for Hebei, but China has played down its request for international aid, apparently to avoid embarrassment if the response is low.

Diplomatic sources said developed countries were unlikely to provide vast amounts of aid because of the present world recession.

Mr Zhai said there had been no civil unrest in the drought-stricken areas, and the authorities were determined that the relief programme should proceed as smoothly as possible to avoid a mass migration into Peking.

—Reuter—

BRIEFS

INFECTIOUS HEPATITIS--Peking, Apr 9--Authorities closed down a student dining room at the Peking Medical College for a major clean-up after 12 students were admitted to hospital with infectious hepatitis. The newspaper GUANGMING DAILY yesterday printed a letter from 56 students at the college complaining that hygiene in the dining room was disgusting and that they often found hair, flies and other foreign matter in their food. The letter said 20 or 30 students had contracted hepatitis, 12 had been sent to a hospital for contagious diseases, and other students were uneasy. It said students who complained to authorities concerned were told it was hard to do anything about the situation. The newspaper said its reporters found that the letter was accurate. It said the college's Communist Party committee arranged for physical examinations for 600 students and the dining room's 17 workers, gave them anti-hepatitis medicine and disinfected dormitories. The workers have been educated in hygiene and the dining room closed for a thorough cleaning, the paper added.--AP. [Text] [Hong Kong THE SOUTH CHINA MORNING POST in English 10 Apr 81 p 7]

CSO: 5400/4931

PERU

BRIEFS

TYPHOID REACHING EPIDEMIC PROPORTIONS--Arequipa, 25 Mar--Because it is spreading throughout the whole citizenry, salmonellosis, or typhoid fever, is turning into an illness with epidemic characteristics. This information was disclosed during the Medical Workshops that are being held at Regional Hospital No 2 in Arequipa to mark the hospital's 20th anniversary. Typhoid fever, stated Dr Antenor Mogrovejo, chief of medical services, has spread alarmingly in Arequipa as well as in numerous coastal cities. The disease, which is endemic, is on the verge of becoming epidemic, with all the dangers that this represents. Dr Mogrovejo asked that as soon as possible studies be carried out aimed at taking measures to stop typhoid among the Peruvian population. Dr Mogrovejo explained that most of the medical attention for outpatients at the Regional Hospital is specifically for cases of typhoid fever. [Text] [Lima EL COMERCIO in Spanish 26 Mar 81 p 20] 9545

CSO: 5400/2096

TUBERCULOSIS MOST WIDESPREAD, DANGEROUS DISEASE

Johannesburg THE CITIZEN in English 29 Apr 81 p 12

[Text]

TUBERCULOSIS is the most widespread and dangerous disease in South Africa, costing the country R43 million in preventative and curative treatment annually, including the loss of millions of man-hours of labour.

This was revealed at the SANTA Executive Committee Meeting, held in Johannesburg yesterday.

45 000 cases of tuberculosis were reported to the Department of Health last year, said Professor E Glathour of the department. The decrease in the number of cases had been very slow, he said.

Dr C W Wright, director of planning of SANTA, pointed out that the Department of Health only operated among less than half the population south of the Limpopo.

A number of national and independent states did not fall under the department, yet it was these areas that were responsible for a vast majority of cases and whose inhabitants, because of poor living conditions,

were more likely to become susceptible to the disease.

Dr Wright stressed the need to train educators for these states, who could educate the people in their own language.

He added it was necessary for employers to understand that the disease was curable and that it was not infectious after three to four days of treatment.

Prof Glathour revealed that the tuberculosis vaccine provided an 80 percent protection against the disease, as long as it is given at three months of age, on school entry and on school leaving.

Dr Wright emphasised that the dangerous periods in which the disease could be contracted were at birth, at the onset of puberty for girls and for young men at the end of their school-going age.

He ended by saying that without a public which was aware of the dangers of tuberculosis, the authorities could not be expected to fight the disease.

BRIEFS

CHOLERA DEATHS--The number of deaths from cholera rose to 20 on 9 April with 4 more cases being reported to the Health Ministry. Officials of the ministry said that five more fresh cases had also been reported. This brings the total number of positive cases to 236. The new cases reported were one from Kantalai, two from Trincomalee, one from Ja-ela and one from Mulaitivu. [Text] [Colombo SUN in English 10 Apr 81 p 1 BK] Officers in charge of cholera control in the Trincomalee Amparai and Dambulla areas have been empowered to close down hotels, bakeries and meat stalls if it becomes necessary to keep the disease under control. These instructions have gone out from the Ministry of Health to the specialists conducting control operations in these areas. These bakeries in the Amparai District were closed down during last week. The ministry has already sent additional stocks of essential drugs, several specialists and health officers to the affected areas. Ministry sources said the cause of the disease has been traced to the drinking of impure water in the canals at Amparai. [Excerpt] [Colombo SUN in English 6 Apr 81 p 1 BK]

CHOLERA PATIENT--An eating house in the Pettah was temporarily closed during the weekend following the discovery, that one of the employees has contracted cholera. However, the Colombo Municipality which took this precautionary method on Saturday, has found that the source of contamination was not the eating house. While all contacts and others employed there have been treated against this disease, the patient is now warded at the Fever Hospital, in Colombia a spokesman for the CMC disclosed yesterday. Meanwhile another patient reported from Grandpass too is being treated at the Fever Hospital. CMC public health officials, who are scheduled to inspect the eating house once more, are expected to permit it to reopen today, the official said. [Text] [Colombo SUN in English 16 Apr 81 p 1]

CSO: 5400/4931

SWITZERLAND

BRIEFS

DECLINE IN CHOLERA CASES--Geneva, 3 April--Cholera cases notified to the World Health Organization (WHO) declined by one third last year to 38,815, the organization said today. In its weekly bulletin on epidemic diseases, the WHO said the decline was partly because Bangladesh reported no cases and Indonesia had only 5,541, compared with 18,817 in 1979. But the fall was most evident in the Middle East, the WHO said. Only Iran and southern Yemen reported cases, as against seven countries in 1979. South Korea had 145 cases in the first outbreak since 1970 and Thailand showed a "rather large" increase to 4,331, the WHO said.--NAB/REUTER [Text] [Rangoon THE WORKING PEOPLE'S DAILY in English 3 Apr 81 p 7]

CSO: 5400

BRIEFS

NEW MEDICAL FACILITIES--Ras Al Khaimah, April 18 (ITTIHAD)--Construction of five new hospitals and 15 outpatient clinics are among the projects included in the current year's draft budget of the Health Ministry. The new facilities will call for recruitment of 400 doctors and 2,500 technicians. The five new hospitals are: Al Mafraq, with a capacity of 450 beds the Swihan and Ramah Hospitals of 50 beds each, Al Amal hospital for neurotic diseases, Khorfakkan, with 100 beds and the second phase of Saqr hospital. Four of the 15 outpatient clinics will be located in Abu Dhabi, five in Al Ain, four in Sharjah and two in Ajman. The draft budget also provides for the expansion of the Al Jazeira hospital, the construction of a dental centre in Abu Dhabi, the opening of the Dubau Dental Centre and the expansion of Falaj Al Mualla Hospital and of school health, preventive medicine and maternity and child care centre. [Text] [Abu Dhabi EMIRATES NEWS in English 19 Apr 81 p 3]

FUTURE, PRESENT HOSPITAL CAPACITIES--Dubai, April 17 (WAM)--The Health Ministry plans to provide one hospital bed for medical treatment for every 200 persons and increase hospital beds from a present 3,500 to 5,500 within the next four years. Health Minister Hamad Abdul Rahman Al Madfa told WAM that the Ministry will also set up hospitals for treating old-age maladies. Moreover, he said that the next phase of the plan seeks to establish a medical centre for every 25,000 persons in the major cities, each centre comprising adequate numbers of specialised doctors, a laboratory, an X-ray unit and a pharmacy. He added that medical centres will be set up in Khor Fakkan region each catering for 5,000 to 10,000 persons in addition to medical units in remote villages with population over 500 people. The Minister stated that at present the country has 67 general clinics, 283 school health clinics, 9 maternity and child care centres, eight preventive medicine departments, 13 central dentistry clinics in addition to the existing modern central hospitals. [Text] [Abu Dhabi EMIRATES NEWS in English 18 Apr 81 p 3]

INFECTIOUS DISEASE PREVENTION PROGRAM--Abu Dhabi, April 17 (WAM)--The Cabinet has referred the first draft law on prevention from infectious diseases to the Federal National Council for discussion. The bill seeks to provide protection through the provision of protective measures against the spread of infectious diseases. Seventy-six infectious diseases have been listed in the bill but priority has been given to the six most dangerous of which the proper authority must be immediately notified when symptoms are suspected as stipulated by the bill. Plague, smallpox, cholera, typhus, yellow fever are among the most dangerous diseases as seen by the draft law. Relatives of affected persons, their employer, school or university directors, prison, hotel or camps officials are responsible for notifying the Health Ministry when such an illness occurs in their midst. [Text] [Abu Dhabi EMIRATES NEWS in English 18 Apr 81 p 3]

BINH TRI THIEN PROVINCE IMPROVES HEALTH CARE

OWO10747 Hanoi VNA in English 0719 GMT 1 May 81

[Text] Hanoi, VNA, May 1--At present, there are 34 hospital beds for every ten thousand inhabitants in Binh Tri Thien Province, central Vietnam. On average each person in the province receives a medical examination (as received) once per year.

In the past five years since its forming from the merger of the former provinces of Quang Binh, Quang Tri and Thua Thien, Binh Tri Thien has built a medical network comprising 378 dispensaries in villages and city wards, two hospitals, 35 consulting rooms, two sanatoria and 14 pharmacies, not counting two major hospitals directly managed by the Ministry of Public Health. In addition, 14 mobile teams have been making regular tours of the localities, including the remotest mountain areas, to give medical examinations, dispense medicines, spray insecticides and popularize hygiene rules.

The province has a total of 6,000 medical workers, including 1,600 doctors, pharmacists and intermediate cadres.

Thanks to active preventive measures, the provincial medical service has managed to control intestinal diseases, bubonic plague and malaria which used to take a heavy toll in the U.S.-controlled areas in the past. In the mountain area of Huonghoa-khe Sanh where 100 per cent of the population suffered from malaria in the pre-liberation years, the malaria incidence dropped to three per cent in 1980.

The birth control program initiated soon after liberation has helped reduce the population growth rate in the province from 3.4 per cent in 1976 to 2.6 per cent in 1980. In some districts and townships the rate has fallen to 1.3-1.9 per cent.

The culture of medicinal herbs has expanded to a growing number of villages. The province now has a total of 109 hectares of medicinal herbs. This is expected to expand to 220 hectares this year.

CSO: 3400/4592

ZAMBIA

BRIEFS

MEASLES DEATHS, DRUG SHORTAGE--Fifteen children died from measles in Kamanga area of Shesheke district last month. And Member of Parliament for Mulobezi Mr Leonard Subulwa has appealed to the Ministry of Health to send a team of medical staff and drugs to the area to avert disaster. The MP, who is Minister of State for Commerce and Industry, said in Lusaka yesterday that Nyambi rural health centre in the area had run out of drugs. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 21 Apr 81 p 5]

CSO: 5400

BRIEFS

RABIES KILLS TWO--Gwelo--The Government provincial veterinary officer for the Midlands, Dr Richard Clatworthy, has confirmed that two children, one in Zhombe and one in Silobela, died recently of rabies. He said also that plans were in hand for a veterinary team to go into the Silobela area with an escort and mount a dog vaccination campaign there very soon. [Text] [Salisbury THE HERALD in English 13 Apr 81 p 1]

MALARIA ABATES--Que Que--There was a decrease in malaria cases reported in Que Que during March from 104 to 61 and during the same period mumps cases increased from 36 to 87. There were reductions in other infectious diseases: Chicken pox down from 21 to 10, measles down from 22 to 8, and whooping cough down from 42 to 21. Commenting on the decrease in malaria cases, the Chief Health Inspector, Mr David Ogley, said the fact that six cases were thought to have been contracted locally indicated the continued need for the public to take suppressive drugs and carry out other necessary control measures. During the month the municipal clinics at Amaveni and Mbizo provided 849 immunisations--49 measles, 441 polio, 289 triple antigen and 70 beg. [Text] [Salisbury THE HERALD in English 24 Apr 81 p 6]

CSO: 5400

AUSTRALIA

BRIEFS

BAN ON UK MEAT--Swift action has been taken to ensure that the outbreak of foot and mouth disease in Britain does not reach Australia. Quarantine authorities reacted immediately to the British reports. Added precautions have been introduced for all passengers and their baggage from Great Britain and the Channel Islands. Imports of cattle, cattle semen and cattle embryos from Great Britain and the Channel Islands have been suspended. Imports of milk, dairy products, bovine hides and susceptible zoo animals from the area have also ceased. Imports of horses, cats and dogs from Great Britain will not be affected because these species are not susceptible to foot and mouth disease. Meat from this region is only permitted entry in cans. [Text] [Canberra THE AUSTRALIAN in English 25 Mar 81 p 3]

CSO: 5400/7543

BRIEFS

REASSURANCES ON SWINE FEVER--Brasilia--SIPA (Animal Production Inspection Service) secretary Jessy Antunes Guimaraes said yesterday that the risk of contamination of beef and pork in the states of Minas Gerais, Parana, and Sao Paulo, reported by professor Afonso Antoniuk, is restricted to secret slaughterhouses and the percentage of heads of cattle slaughtered in meat packing plants not covered by SIPA. He urged consumers, as a safety measure, only to consume products with the symbol SIF (Federal Inspection Service)--otherwise they should not eat improperly inspected meat. Talking about the report by professor Antoniuk, neurology department head at the University of Parana, who, in 4,000 examinations made, found 2.6 cases of neurocysticercosis, a disease spread primarily through the consumption of meat contaminated with cysticercosis, popularly called "pork measles," he expressed doubt to the effect that those cases came from recent stocks since the lesions, according to him, are manifested only 10 or 15 years after the presence of the disease. In addition to secret slaughtering, there is a percentage of meat coming from animals slaughtered in meat packing plants not covered by SIPA and that meat therefore does not display the SIF symbol. Last year, only 83.7 percent of the total of 10,579,660 hogs slaughtered by meat packing plants and 73.9 percent of the total of 6,726,703 head of beef cattle were properly inspected. Out of that total--according to the secretary--22,271 hogs had "pork measles," representing a disease rate of only 0.25 percent of the total inspected; a slightly higher rate of 2.39 percent was found among the total of beef cattle inspected. Health minister Waldir Arcoverde yesterday said that for the time being there is little he can do with regard to contaminated meat in Sao Paulo. The matter is within the competence of the Ministry of Agriculture and the state health secretariat. According to him, the Agriculture Ministry supervises the slaughterhouses and the product, in its natural state, is supervised by the state health secretariats. "The Health Ministry is involved only in industrially processed products registered with the food division." According to him, meat, being a product "on the hoof," is inspected directly by the Health Ministry when it is moved from one state to another and that was not the problem with the meat reported as being contaminated. [Text] [Rio de Janeiro JORNAL DO BRASIL in Portuguese 3 Apr 81 p 9] 5058

CSO: 5400

PARVO VIRUS ATTACKS DOG POPULATION

Santiago EL MERCURIO in Spanish 24 Mar 81 p C-11

[Article by Nelson Salazar Monasterio]

[Text] The head of the small-animal clinic at the Veterinary Hospital of the Southern University of Chile, Dr Rodolfo Martin, has announced that "canine parvo virus," a new, fatal disease which affects dogs, is now being detected among the dog population.

The disease has already spread to Region X, particularly to Valdivia. Since Saturday, 14 March 1981, five dogs suffering from parvo virus have been treated. This is a highly contagious disease which spreads very rapidly.

To call attention to the known cases in Valdivia, Dr Martin cited the virulence of the attack of the pathogenic agent, resulting in the death of the affected animals within a few hours. Its presence among the city's dog population constitutes a threat to domestic animals, and it is imperative that their owners have them vaccinated.

He issued this warning as he explained that once the diagnosis of parvo virus has been given recovery is very difficult, and it is possible that the treatments given are not at all suitable. Everything depends in large measure upon the resistance capabilities of the animal itself.

Symptoms

The most important symptom is bloody diarrhea. Dogs experience a marked loss of strength, are listless and have fever and vomiting. These are the most marked symptoms among young dogs 2 to 6 months old.

The doctor added that in proven cases in Valdivia, the initial symptom was a significant loss of appetite and frothy vomiting. After 4 hours of symptoms such as those described, diarrhea begins, consisting of reddish, very liquid, almost watery, excretions. Both the animal's vomiting and marked diarrhea accentuate its loss of strength and cause death in 24 to 36 hours after the onset of the first symptoms. However, clinical records show that there are cases in which 10 to 15 days after having recovered from the digestive symptoms, the sudden death of the animal was produced by inflammation of the cardiac muscle. This symptom appears in dogs up to 6 months old.

Except for vaccination, it is impossible to prevent a dog's contracting the disease. The virus is very resistant to high and low temperatures and is transmitted by the vomit and excrement of sick dogs through contact with other dogs, including contact with objects on which there are deposits of the pathogenic agent.

In one case detected in Valdivia, it was determined that contagion had been produced by a plant which had been brought to the city from Santiago from a home in which there was a dog affected by parvo virus.

8143

CSO: 5400/2101

BRIEFS

FOOT-AND-MOUTH FEARS--Osorno--The cattlegrowers of this area are concerned about the possibility of a new outbreak of foot-and-mouth disease. Their fears are based on the import of Hereford cattle from Canada which are entering the country via the Alto Palena Pass. It is known that an initial shipment of 300 heifers through the Alto Palena Pass has already taken place and that on Wednesday another shipment of 300 head arrived and are under quarantine in Chilean territory. LA TERCERA was given this information by a cattlegrower who is obtaining cattle for his ranch from the second shipment. There is the danger of contagion because the cattle were brought into the country through Argentina, which has the highest rate of foot-and-mouth disease on the continent among its cattle herds. Although nothing has been proved, the cattlegrowers of this region are concerned. If the necessary sanitary precautions have not been taken, a serious situation could develop. This matter has already been brought to the attention of the authorities in the Ministry of Agriculture, and it is expected that an announcement will be made on the subject in the next few days. Cattlegrowers from Osorno and the surrounding region have been importing Hereford cattle from Canada for the purpose of improving the genetic strain of domestic cattle. [Text] [Santiago LA TERCERA DE LA HORA in Spanish 4 Apr 81 p 15] 8143

CSO: 5400/2101

BRIEFS

CATTLE FEED CONTAMINATION--Last month, the Consumer Association of Force Ouvriere [Workers' Force] (AFOC) issued a warning by publishing a letter from the director of the Frauds Division: "Peanut feedcakes contaminated with aflatoxin are fraudulently introduced in France in order to feed cattle (particularly dairy cows) at low cost. Our daily milk could therefore be contaminated." Aflatoxin is a toxic mold which grows on peanut feedcakes which have been stored in inadequate conditions and could be responsible for some forms of hepatitis (particularly in Africa). It is even thought to be carcinogenic. The Superior Council of Hygiene, presided over by Professor Guy Gounelle de Pontanel has examined the report presented by Professor Jean Jacquet at the last session of the Academy of Medicine. The report was essentially taking up the warnings published by the AFOC and the Frauds Division. The Superior Council of Hygiene has designated a working group which is scheduled to give the results of its investigations within 2 weeks. [Excerpt] [Paris LE FIGARO in French 25 Mar 81 p 16] 6445

CSO: 5400/2103

DISEASE KILLS HOGS IN MATUTUINE DISTRICT

Maputo NOTICIAS in Portuguese 21 Apr 81 p 5

[Text] A total of 20 hogs died within a period of 25 days in the area of Matutuine following the outbreak of an epidemic disease which has affected various hog-raising projects in this district in the province of Maputo.

Despite the fact that the district's animal husbandry services have been alerted to the outbreak, nothing has been done so far to detect the disease and prevent its spread to other areas.

Hogs are still dying in the Matutuine primary school, in the lime plant and also in the herd of Rafael Mabunda, a private businessman, because of the indifference shown by the officials in charge.

Our reporter attempted to investigate the issue at the district's animal husbandry directorate, without, however, obtaining satisfactory results. The employee to whom he spoke, who is only in charge of animal vaccinations, alleged that he was aware of the facts, but that the entire matter rested with the district delegate, who happens to be absent. However, according to contacts made with the principal hog raisers of this area, if the veterinary services do not solve the problem very soon, the consequences could be disastrous, resulting in the extermination of the herds. Moreover, the problem is exacerbated by the fact that this epidemic can assume even greater proportions because the majority of hogs are undernourished and below their normal weight.

We contacted the provincial directorate of animal husbandry in Maputo, which confirmed the outbreak. The official in charge told our reporter that the lime factory was the focus of infection. Teams have already been sent over at three different times.

According to the same source, the disease was diagnosed more than a week ago and efforts have been made to prevent it.

This same official also said that the cases at the primary school and at Rafael Mabunda's stockyards are new and had not been brought to the attention of the authorities.

CSO: 5400/5136

NIGERIA

BRIEFS

ANIMAL DISEASES SAID INCREASING--Infectious diseases have been identified as one of the major constraints militating against the livestock industry in the country. Presenting a paper titled "Livestock Production in Nigeria" at the National Agric Show at the weekend, Governor Balarabe Musa of Kaduna State said such diseases include anthrax and black quarter resulting from internal and external parasites. Governor Balarabe noted that with the increased number of imported poultry, the incidence of poultry diseases were also on the increase. He said that shortage of natural fodders and water in the livestock producing areas was another constraint to the industry. The movement pattern of the nomadic Fulani which do not only expose their stock to diseases but causes loss of weight, is also a major problem, he said. In order to develop livestock industry, he advocated significant changes in three types of relationships. This, according to him, were relationship between human beings and natural environment, man and livestock and citizens and the foreign monopolies in the livestock industry. He said that we could not start livestock development seriously unless we cease to be importers of foreign feeds, chemicals, drugs and machinery. The governor emphasised that if we could bring changes in these three types of relationships by restoring and promoting our environment, treat livestock animals as commodities and establish our own criteria for using equipment, feeds and chemicals, it was then that we could start developing our livestock industry. [Leka Salau] [Text] [Kaduna NEW NIGERIAN in English 13 Apr 81 p 32]

CSO: 9400

NORTHERN ZONE RINDERPEST CAMPAIGN

Dar es Salaam DAILY NEWS in English 24 Apr 81 p 3

[From Musambili Musalali in Arusha]

[Excerpts] Nearly 1.2m/- will be spent by the Ministry of Livestock Development this year for rinderpest control campaign in the northern zone, it was learnt here yesterday.

Briefing Shihata at the end of the preparatory campaign meeting the northern zone rinderpest assistant field coordinator, Ndugu Eliumu Kimambo said the amount will be spent in purchasing rinderpest vaccines, oil to run the vehicles, field allowances for the staff, vehicle maintenance and buying other relevant equipment.

The meeting which started here on Wednesday afternoon brought together livestock development and game officials, development directorate representatives for the northern zone and lake zone regions.

Closing the meeting, the Regional Development Director for Arusha, Ndugu Emmanuel Mwambulukutu called upon the Party and government to set aside grassland areas for cattle to guarantee sufficient pastures. Such areas should be protected by a legislation, he suggested.

Ndugu Mwambulukutu said if there had existed a system to protect pasture areas for animal development, the government would not incur so much expenses for animal disease control such as rinderpest.

Meanwhile, district authorities in the northern zone have been urged to educate the peasants on the importance of rinderpest control by vaccination.

The recommendation was made by the participants following an incident monitored by 1980 campaign executors at Minjingu village in Hanang district in which the peasants adamantly refused to send their cattle for vaccination.

Addressing a preparatory meeting for a rinderpest control campaign in northern regions on Wednesday, the Director of Livestock Development, Dr. I.S. [name indistinct] also called upon regional and district official to render transport means and sufficient personnel to facilitate smooth implementation of the campaign for the 1981 season.

The meeting is being attended by 20 regional and district representatives.

CSO: 5400/5138

FOOT-AND-MOUTH SCARE HITS PIG SHOWING AT FAIR

Salisbury THE HERALD in English 1 May 81 p 5

[Text]

BULAWAYO.

A SCARE over foot-and-mouth disease led to the cancellation yesterday of some of the pig showing classes of the Bulawayo Agricultural Society's show at the International Trade Fair.

The B.A.S. pig committee decided on Monday to cancel the breeder classes.

It was considered too high a risk to allow pigs to return to their farms after being at the show, for fear of conveying the foot-and-mouth virus.

The decision was taken after an incident earlier this week when 16 infected cattle were walked into Bulawayo from a rural area and discovered in sale pens near the Bulawayo abattoir.

The cattle were destroyed but pig farmers were still worried about the risk of infection. Only the slaughter classes of pigs took part in showing yesterday. Straight after the showing, they had to go to the slaughter house.

Breeder Mr Stuart Chariton said yesterday:

"The risk is simply too great. The only thing to do was to cancel the breeder classes. In the breeder classes, sows are shown, sometimes with their piglets, and they then return to the farms. If they caught foot-and-mouth, they would infect the whole herd. It is just possible the disease is around where so many animals are brought together. It's better not to take any chances" he said.

DOWN

A spokesman for the cattle section of the B.A.S. said the foot-and-mouth had not affected them greatly. He said entries were down by 170 this year because of the recent outbreaks of the disease in the country, especially in the Plumtree and Gwanda areas, and that any cattle moving to parts of Mashonaland had to go through a month's quarantine first.

Foot-and-mouth, a virus disease which affects all cloven hoof animals, is not a killer in Southern Africa, but can severely affect farming economy.

CSO: 5400/5139

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

XIZANG INSECT PESTS--Recently the Xizang Regional People's Government issued an emergency circular asking all localities to take effective measures to prevent and control plant diseases and insect pests and create favorable conditions for this year's bumper agricultural harvest. The circular urged the localities to realize the seriousness of plant diseases and insect pests, make early preparations, organize technicians and experienced rural cadres to collect information on insect pests and promptly report relevant information to agricultural departments. Places that are being plagued by insect pests should step up the spraying of chemicals to prevent the spread of damage. [Lhasa Xizang Regional Service in Mandarin 1130 GMT 14 Apr 81 OW]

HUBEI WHEAT DISEASE--(Gao Fugui), of the Hubei Provincial Agricultural Bureau, wrote to the Hubei Provincial Broadcasting Station, calling on all localities in Hubei Province to pay attention to controlling powdery mildew of wheat. According to the letter, the wheat disease has spread to all wheat-producing areas in the province. In Yunyang, Xiangyang and Yichang Prefectures, more than 1.26 million mu of wheatfields have been affected this year. [Wuhan Hubei Provincial Service in Mandarin 1100 GMT 2 Apr 81 OW]

CSO: 3400/2114

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